

CLARENCE CLASSIC



SOCCER TOURNAMENT

Hosted by the Clarence Soccer Club, Clarence, NY

Liability Waiver

Team Name _____ Age Group _____

Coach Name _____ Boys _____ Girls _____

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates, including the Clarence Soccer Club, accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the Clarence Soccer Club, Clarence Central School District, the Town of Clarence, and the owners of the fields and facilities utilized for the program/tournament against any claim by or on behalf of the registrant as a result of the registrant's participation in the program/tournament and/or being transported to or from same, which transportation I hereby authorize. Further my son/daughter has received a physical examination by a physician and has been found physically capable of participating in the program/tournament.

Player Name (Print)	Date of Birth	Parent/Guardian Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____